

# Town of Wyoming

## Business License Application

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_ STATE LICENSE NUMBER: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

OWNER'S TELEPHONE: \_\_\_\_\_ # OF EMPLOYEES: \_\_\_\_\_

WEB ADDRESS (if applicable) \_\_\_\_\_

**\*\*\*\*PLEASE ATTACH A CERTIFICATE OF INSURANCE OR HAVE YOUR INSURANCE COMPANY FAX A COPY TO 302-697-7961.\*\*\*\* A BUSINESS LICENSE WILL NOT BE ISSUED UNTIL WE HAVE RECEIVED A CERTIFICATE OF INSURANCE!!!!**

UPON APPROVAL YOUR TOWN OF WYOMING BUSINESS LICENSE WILL BE VALID THROUGH SEPTEMBER 30, 2012.

My signature indicates that I am in compliance with all Town and zoning ordinances and that I am currently licensed by the appropriate state(s). I hereby authorize the Town of Wyoming its agents and/or employees to seek information or conduct an investigation when cause should appear into my criminal background, business practices and other existing licenses I may hold.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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### OFFICE USE ONLY

DATE PAID: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ CHECK NO: \_\_\_\_\_ CASH: \_\_\_\_\_

TOWN OF WYOMING LICENSE NUMBER: \_\_\_\_\_ CERTIFICATE MAILED \_\_\_\_\_